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7590 03/28/2005

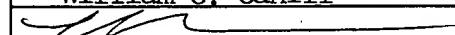
Charles R. Hoffman, Esq.
CAHILL, SUTTON & THOMAS P.L.C.
2141 East Highland Avenue
155 Park One
Phoenix, AZ 85016 06/24/2005 HGUTEMA2 00000070 09878307

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William C. Cahill	(Depositor's name)
	
(Signature)	
June 21, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/878,307	06/08/2001	Garth W. Gobeli	5899-A-05	4447

TITLE OF INVENTION: METHOD AND DEVICE FOR GLUCOSE CONCENTRATION MEASUREMENT WITH SPECIAL ATTENTION TO BLOOD GLUCOSE DETERMINATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$700	\$300	\$1000	06/28/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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WINAKUR, ERIC FRANK	3736	600-319000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Alan J. Leszinske

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Albuquerque, New Mexico

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 12

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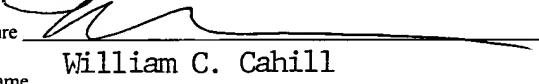
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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Authorized Signature


William C. Cahill

Typed or printed name

Date June 21, 2005

19,742

Registration No.

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